

**CERTIFICATE OF MEDICAL FITNESS**

NAME: Mr. Srishakumar Kadurur

AGE/ GENDER: 52 y / M

HEIGHT: 166cm

WEIGHT: 71.8kg

IDENTIFICATION MARK: \_\_\_\_\_

BLOOD PRESSURE: 70/40 - 110/70 mm/Hg.

PULSE: 70 /min

CVS: } Normal  
RS:P }

ANY OTHER DISEASE DIAGNOSED IN THE PAST: Hypertension

ALLERGIES, IF ANY: Nil

LIST OF PRESCRIBED MEDICINES: Nil

ANY OTHER REMARKS: Nil

I Certify that I have carefully examined Mr/Mrs. Sri. Shakumar Kadurur <sup>son/daughter</sup> of Mr. K. Anand Rao who has signed in my presence. He/ she has no physical disease and is fit for employment.

  
Signature of candidate

**Dr. BINDURAJ. R**  
MBBS, MD  
Internal Medicine  
Reg. No. 12345  
Signature of Medical Officer

Place: Spectrum diagnostic & health care.

Date: 10/02/24

**Disclaimer: The patient has not been checked for COVID. This certificate does not relate to the covid status of the patient examined**



Dr. Ashok S  
Bsc., MBBS., D.O.M.S  
Consultant Ophthalmologist  
KMC No: 31827

DATE: 10-02-24

**EYE EXAMINATION**

NAME: *Ms. Syama Kumal Kadakol* AGE: *52y* GENDER: *F / M*

	RIGHT EYE	LEFT EYE
Vision	<i>6/6 D10</i>	<i>6/6 D10</i>
Vision With glass	_____	_____
Color Vision	Normal	Normal
Anterior segment examination	Normal	Normal
Fundus Examination	Normal	Normal
Any other abnormality	Nil	Nil
Diagnosis/ impression	Normal	Normal

**Dr. ASHOK SARODHE**  
B.Sc., M.B.B.S., D.O.M.S.  
Eye Consultant & Surgeon  
KMC 31827  
Consultant (Ophthalmologist)

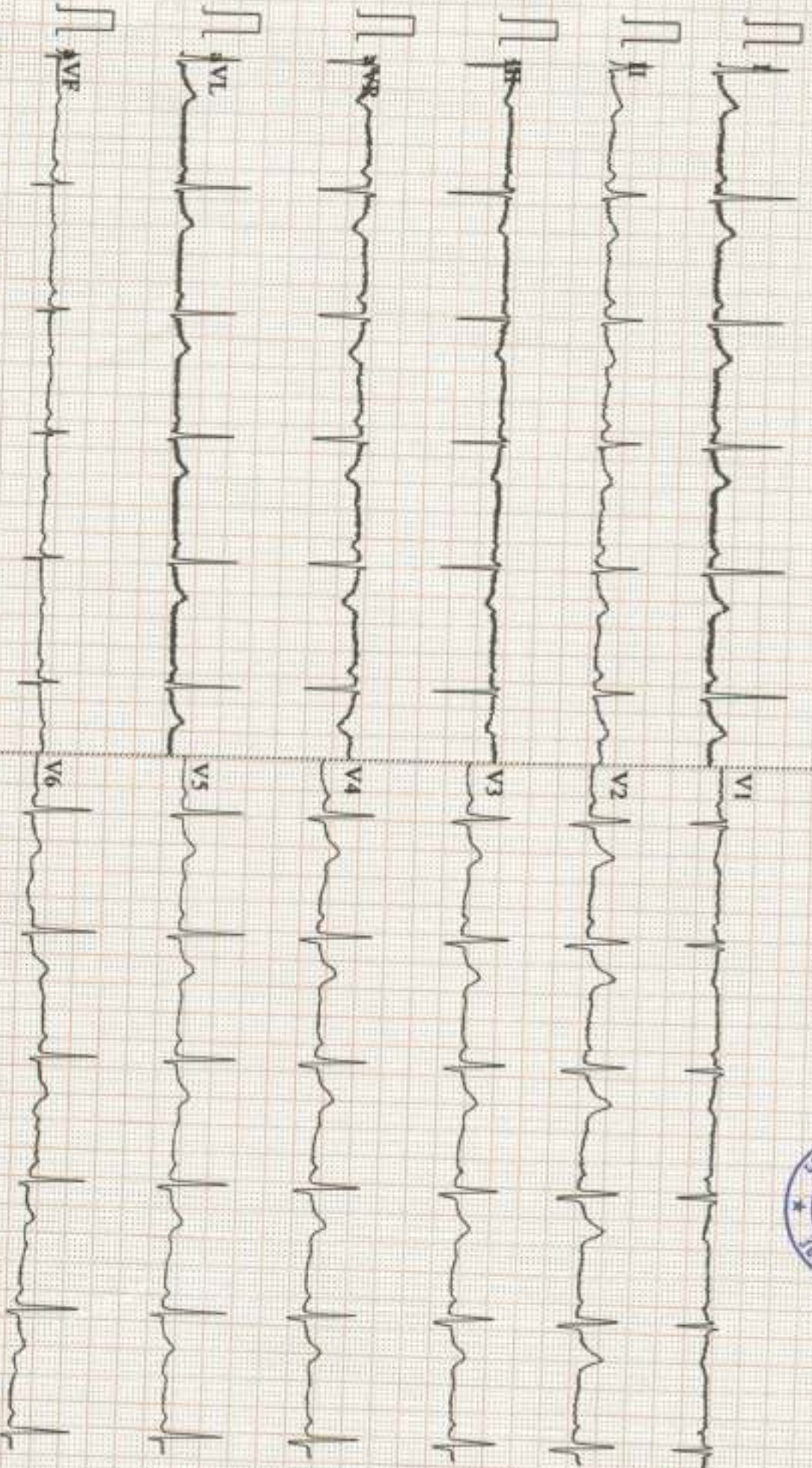


MR SRISHAKUMAR KADEKAR  
Male 52 Years

HR	: 67	bpm
P	: 93	ms
PR	: 140	ms
QRS	: 88	ms
QT/QTc	: 393/416	ms
PQRST	: 42/-9/10	°
RV5/SV1	: 1.06/50.540	mV

Diagnosis Information:  
Sinus Rhythm  
Largcd PtfV1

Report Confirmed by:



0.15-35Hz AC50 25mm/s 10mm/mV 2\*5.0s 67

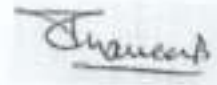
V2.2 SEMIP V1.81 SPECTRUM DIAGNOSTICS & HEALTH CARE

NAME : MR.SRISHKUMAR KADEKAR	DATE : 10/02/2024
AGE/SEX : 52YEARS/MALE	REG NO: 1002240022
REF BY : APOLO CLINIC	

## **CHEST PA VIEW**

- Visualised lungs are clear .
- Bilateral hila appears normal .
- Cardia is normal in size
- No pleural effusion

**IMPRESSION: No Significant Abnormality Detected**



**DR PRAVEEN B,DMRD ,DNB**  
Consultant Radiologist



Name	: MR. SRISHAKUMAR KADEKAR	Bill Date	: 10-Feb-2024 08:18 AM
Age / Gender	: 52 Years / Male	Sample Col. Date	: 10-Feb-2024 08:18 AM
Ref. By Dr.	: Dr. APOLO CLINIC	Result Date	: 10-Feb-2024 11:40 AM
Reg. No.	: 1002240022	Report Status	: Final
C/o	: Apollo Clinic		

UHID : 1002240022  
  
 1002240022

Test Name	Result	Unit	Reference Value	Method
<b>LFT-Liver Function Test -Serum</b>				
Bilirubin Total-Serum	0.65	mg/dL	0.2-1.0	Caffeine Benzoate
Bilirubin Direct-Serum	0.14	mg/dL	0.0-0.2	Diazotised Sulphanilic Acid
Bilirubin Indirect-Serum	0.51	mg/dL	Male: 0.0 - 1.10	Direct Measure
Aspartate Aminotransferase (AST/SGOT)-Serum	24.00	U/L	Male: 15.0 - 37.0	UV with Pyridoxal - 5 - Phosphate
Alanine Aminotransferase (ALT/SGPT)-Serum	26.00	U/L	Male: 16.0 - 63.0	UV with Pyridoxal - 5 - Phosphate
Alkaline Phosphatase (ALP)-Serum	76.00	U/L	Male: 45.0 - 117.0	PNPP,AMP-Buffer
Protein, Total-Serum	6.52	g/dL	6.40-8.20	Biuret/Endpoint-With Blank
Albumin-Serum	4.38	g/dL	Male: 3.40 - 5.50	Bromocresol Purple
Globulin-Serum	2.14	g/dL	2.0-3.50	Calculated
Albumin/Globulin Ratio-Serum	2.05	Ratio	0.80-1.20	Calculated



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Dr. Nidhan Reddy C,MD,Consultant Pathologist



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Test Name	Result	Unit	Reference Value	Method
<b>Lipid Profile-Serum</b>				
Cholesterol Total-Serum	164.00	mg/dL	Male: 0.0 - 200	Cholesterol Oxidase/Peroxidase
Triglycerides-Serum	187.00	mg/dL	Male: 0.0 - 150	Lipase/Glycerol Dehydrogenase
High-density lipoprotein (HDL) Cholesterol-Serum	49.00	mg/dL	Male: 40.0 - 60.0	Accelerator/Selective Detergent
Non-HDL cholesterol-Serum	115	mg/dL	Male: 0.0 - 130	Calculated
Low-density lipoprotein (LDL) Cholesterol-Serum	88.00	mg/dL	Male: 0.0 - 100.0	Cholesterol esterase and cholesterol oxidase
Very-low-density lipoprotein (VLDL) cholesterol-Serum	37	mg/dL	Male: 0.0 - 40	Calculated
Cholesterol/HDL Ratio-Serum	3.35	Ratio	Male: 0.0 - 5.0	Calculated

**Interpretation:**

Parameter	Desirable	Borderline High	High	Very High
Total Cholesterol	<200	200-239	>240	
Triglycerides	<150	150-199	200-499	>500
Non-HDL cholesterol	<130	160-189	190-219	>220
Low-density lipoprotein (LDL) Cholesterol	<100	100-129	160-189	>190

**Comments:** As per Lipid Association of India (LAI), for routine screening, overnight fasting preferred but not mandatory. Indians are at very high risk of developing Atherosclerotic Cardiovascular (ASCVD). Among the various risk factors for ASCVD such as dyslipidemia, Diabetes Mellitus, sedentary lifestyle, Hypertension, smoking etc., dyslipidemia has the highest population attributable risk for MI both because of direct association with disease pathogenesis and very high prevalence in Indian population. Hence monitoring lipid profile regularly for effective management of dyslipidemia remains one of the most important healthcare targets for prevention of ASCVD. In addition, estimation of ASCVD risk is an essential, initial step in the management of individuals requiring primary prevention of ASCVD. In the context of lipid management, such a risk estimate forms the basis for several key therapeutic decisions, such as the need for and aggressiveness of statin therapy.



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Dr. Nidhan Kalyan C., MD, Consultant Pathologist

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Test Name	Result	Unit	Reference Value	Method
<b>KFT ( Kidney Function Test ) :</b>				
Blood Urea Nitrogen (BUN)-Serum	12.00	mg/dL	7.0-18.0	GLDH,Kinetic Assay
Creatinine-Serum	0.85	mg/dL	Male: 0.70-1.30	Modified kinetic Jaffe
Uric Acid-Serum	6.74	mg/dL	Female: 0.55-1.02 Male: 3.50-7.20	Uricase PAP
Sodium (Na <sup>+</sup> )-Serum	138.0	mmol/L	Female: 2.60-6.00 135.0-145.0	Ion-Selective Electrodes (ISE)
Potassium (K <sup>+</sup> )-Serum	3.95	mmol/L	3.5 to 5.5	Ion-Selective Electrodes (ISE)
Chloride(Cl <sup>-</sup> )-Serum	98.50	mmol/L	94.0-110.0	Ion-Selective Electrodes (ISE)
Calcium,Total- Serum	8.70	mg/dL	8.50-10.10	Spectrophotometry (O-Cresolphthalein complexone)
Fasting Blood Sugar (FBS)-Plasma	109	mg/dL	60.0-110.0	Hexo Kinase



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**Comments:** Glucose, also called dextrose, one of a group of carbohydrates known as simple sugars (monosaccharides). Glucose has the molecular formula  $C_6H_{12}O_6$ . It is found in fruits and honey and is the major free sugar circulating in the blood of higher animals. It is the source of energy in cell function, and the regulation of its metabolism is of great importance (fermentation; gluconeogenesis). Molecules of starch, the major energy-reserve carbohydrate of plants, consist of thousands of linear glucose units. Another major compound composed of glucose is cellulose, which is also linear. Dextrose is the molecule D-glucose. Blood sugar, or glucose, is the main sugar found in the blood. It comes from the food you eat, and it is body's main source of energy. The blood carries glucose to all of the body's cells to use for energy. Diabetes is a disease in which your blood sugar levels are too high. Usage: Glucose determinations are useful in the detection and management of Diabetes mellitus.

**Note:** Additional tests available for Diabetic control are Glycated Hemoglobin (HbA1c), Fructosamine & Microalbumin urine

**Comments:** Conditions which can lead to lower postprandial glucose levels as compared to fasting glucose are excessive insulin release, rapid gastric emptying & brisk glucose absorption.

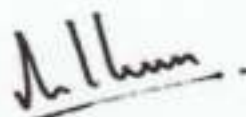
**Probable causes :** Early Type II Diabetes / Glucose intolerance, Drugs like Salicylates, Beta blockers, Pentamidine etc., Alcohol, Dietary - Intake of excessive carbohydrates and foods with high glycemic index ? Exercise in between samples ? Family history of Diabetes, Idiopathic, Partial / Total Gastrectomy.

<b>Gamma-Glutamyl Transferase (GGT)-Serum</b>	51.00	U/L	Male: 15.0-85.0 Female: 5.0-55.0	Other g-Glut-3-carboxy-4 nitro
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**Comments:** Gamma-glutamyltransferase (GGT) is primarily present in kidney, liver, and pancreatic cells. Small amounts are present in other tissues. Even though renal tissue has the highest level of GGT, the enzyme present in the serum appears to originate primarily from the hepatobiliary system, and GGT activity is elevated in any and all forms of liver disease. It is highest in cases of intra- or posthepatic biliary obstruction, reaching levels some 5 to 30 times normal. GGT is more sensitive than alkaline phosphatase (ALP), leucine aminopeptidase, aspartate transaminase, and alanine aminotransferase in detecting obstructive jaundice, cholangitis, and cholecystitis; its rise occurs earlier than with these other enzymes and persists longer. Only modest elevations (2-5 times normal) occur in infectious hepatitis, and in this condition, GGT determinations are less useful diagnostically than are measurements of the transaminases. High elevations of GGT are also observed in patients with either primary or secondary (metastatic) neoplasms. Elevated levels of GGT are noted not only in the sera of patients with alcoholic cirrhosis but also in the majority of sera from persons who are heavy drinkers. Studies have emphasized the value of serum GGT levels in detecting alcohol-induced liver disease. Elevated serum values are also seen in patients receiving drugs such as phenytoin and phenobarbital, and this is thought to reflect induction of new enzyme activity.



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Dr. Nilhan Roddy C, MD, Consultant Pathologist

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Test Name	Result	Unit	Reference Value	Method
<b>Thyroid function tests (TFT)- Serum</b>				
Tri-Iodo Thyronine (T3)-Serum	1.10	ng/mL	Male: 0.60 - 1.81	Chemiluminescence Immunoassay (CLIA)
Thyroxine (T4)-Serum	7.80	µg/dL	Male: 5.50 - 12.10	Chemiluminescence Immunoassay (CLIA)
Thyroid Stimulating Hormone (TSH)-Serum	1.64	µIU/mL	Male: 0.35 - 5.50	Chemiluminescence Immunoassay (CLIA)

**Comments:** Triiodothyronine (T3) assay is a useful test for hyperthyroidism in patients with low TSH and normal T4 levels. It is also used for the diagnosis of T3 toxicosis. It is not a reliable marker for Hypothyroidism. This test is not recommended for general screening of the population without a clinical suspicion of hyperthyroidism.

Reference range: Cord: (37 Weeks): 0.5-1.41, Children: 1-3 Days: 1.0-7.40, 1-11 Months: 1.05-2.45, 1-5 Years: 1.05-2.69, 6-10 Years: 0.94-2.41, 11-15 Years: 0.82-2.13, Adolescents (16-20 Years): 0.80-2.10

Reference range: Adults: 20-50 Years: 0.70-2.04, 50-90 Years: 0.40-1.81,

Reference range in Pregnancy: First Trimester : 0.81-1.90, Second Trimester : 1.0-2.60

**Increased Levels:** Pregnancy, Graves disease, T3 thyrotoxicosis, TSH dependent Hyperthyroidism, increased Thyroid-binding globulin (TBG).

**Decreased Levels:** Nonthyroidal illness, hypothyroidism, nutritional deficiency, systemic illness, decreased Thyroid-binding globulin (TBG).

**Comments:** Total T4 levels offer a good index of thyroid function when TBG is normal and non-thyroidal illness is not present. This assay is useful for monitoring treatment with synthetic hormones (synthetic T3 will cause low total T4). It also helps to monitor treatment of Hyperthyroidism with Thiouracil or other anti-thyroid drugs.

Reference Range: Males : 4.6-10.5, Females : 5.5-11.0, > 60 Years: 5.0-10.70, Cord : 7.40-13.10, Children: 1-3 Days : 11.80-22.60, 1-2 Weeks : 9.90-16.60, 1-4 Months: 7.20-14.40, 1-5 Years : 7.30-15.0, 5-10 Years: 6.4-13.3

1-15 Years: 5.60-11.70, Newborn Screen: 1-5 Days: >7.5, 6 Days : >6.5

**Increased Levels:** Hyperthyroidism, increased TBG, familial dysalbuminemic hyperthyroxinemia, Increased transthyretin, estrogen therapy, pregnancy.

**Decreased Levels:** Primary hypothyroidism, pituitary TSH deficiency, hypothalamic TRH deficiency, non thyroidal illness, decreased TBG.

**Comments:** TSH is a glycoprotein hormone secreted by the anterior pituitary. TSH is a labile hormone & is secreted in a pulsatile manner throughout the day and is subject to several non-thyroidal pituitary influences. Significant variations in TSH can occur with circadian rhythm, hormonal status, stress, sleep deprivation, caloric intake, medication & circulating antibodies. It is important to confirm any TSH abnormality in a fresh specimen drawn after ~ 3 weeks before assigning a diagnosis, as the cause of an isolated TSH abnormality.

Reference range in Pregnancy: I- trimester: 0.1-2.5; II -trimester: 0.2-3.0; III- trimester: 0.3-3.0

Reference range in Newborns: 0-4 days: 1.0-39.0; 2-20 Weeks: 1.7-9.1

**Increased Levels:** Primary hypothyroidism, Subclinical hypothyroidism, TSH dependent Hyperthyroidism and Thyroid hormone resistance.

**Decreased Levels:** Graves disease, Autonomous thyroid hormone secretion, TSH deficiency.



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Test Name	Result	Unit	Reference Value	Method
Glycosylated Haemoglobin (HbA1c)-Whole Blood EDTA				
Glycosylated Haemoglobin (HbA1c)	6.50	%	Non diabetic adults : <5.7 At risk (Prediabetes) : 5.7 - 6.4 Diagnosing Diabetes : ≥ 6.5 Diabetes Excellent Control : 6-7 Fair to good Control : 7-8 Unsatisfactory Control : 8-10 Poor Control : >10	HPLC
Estimated Average Glucose(eAG)	139.84	mg/dL		Calculated

Note: 1. Since HbA1c reflects long term fluctuations in the blood glucose concentration, a diabetic patient who is recently under good control may still have a high concentration of HbA1c. Converse is true for a diabetic previously under good control but now poorly controlled.

2. Target goals of < 7.0 % may be beneficial in patients with short duration of diabetes, long life expectancy and no significant cardiovascular disease. In patients with significant complications of diabetes, limited life expectancy or extensive co-morbid conditions, targeting a goal of < 7.0 % may not be appropriate.

Comments: HbA1c provides an index of average blood glucose levels over the past 8 - 12 weeks and is a much better indicator of long term glycaemic control as compared to blood and urinary glucose determinations.



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Test Name	Result	Unit	Reference Value	Method
<b>Complete Haemogram-Whole Blood EDTA</b>				
Haemoglobin (HB)	14.50	g/dL	Male: 14.0-17.0 Female: 12.0-15.0 Newborn: 16.50 - 19.50	Spectrophotometer
Red Blood Cell (RBC)	4.81	million/cumm	3.50 - 5.50	Volumetric Impedance
Packed Cell Volume (PCV)	40.40	%	Male: 42.0-51.0 Female: 36.0-45.0	Electronic Pulse
Mean corpuscular volume (MCV)	83.90	fL	78.0- 94.0	Calculated
Mean corpuscular hemoglobin (MCH)	30.10	pg	27.50-32.20	Calculated
Mean corpuscular hemoglobin concentration (MCHC)	35.90	%	33.00-35.50	Calculated
Red Blood Cell Distribution Width SD (RDW-SD)	43.10	fL	40.0-55.0	Volumetric Impedance
Red Blood Cell Distribution CV (RDW-CV)	15.70	%	Male: 11.80-14.50 Female: 12.20-16.10	Volumetric Impedance
Mean Platelet Volume (MPV)	10.20	fL	8.0-15.0	Volumetric Impedance
Platelet	1.88	lakh/cumm	1.50-4.50	Volumetric Impedance
Platelet Distribution Width (PDW)	16.10	%	8.30 - 56.60	Volumetric Impedance
White Blood cell Count (WBC)	5550.00	cells/cumm	Male: 4000-11000 Female 4000-11000 Children: 6000-17500 Infants : 9000-30000	Volumetric Impedance
Neutrophils	64.80	%	40.0-75.0	Light scattering/Manual
Lymphocytes	27.40	%	20.0-40.0	Light scattering/Manual
Eosinophils	3.40	%	0.0-8.0	Light scattering/Manual



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Monocytes	4.00	%	0.0-10.0	Light scattering/Manual
Basophils	0.40	%	0.0-1.0	Light scattering/Manual
Absolute Neutrophil Count	3.60	10 <sup>3</sup> /uL	2.0- 7.0	Calculated
Absolute Lymphocyte Count	1.52	10 <sup>3</sup> /uL	1.0-3.0	Calculated
Absolute Monocyte Count	0.22	10 <sup>3</sup> /uL	0.20-1.00	Calculated
Absolute Eosinophil Count	190.00	cells/cumm	40-440	Calculated
Absolute Basophil Count	0.02	10 <sup>3</sup> /uL	0.0-0.10	Calculated
Erythrocyte Sedimentation Rate (ESR)	11	mm/hr	Female : 0.0-20.0 Male : 0.0-10.0	Westergren

**Peripheral Smear Examination-Whole Blood EDTA**

Method: (Microscopy-Manual)

RBC'S : Normocytic Normochromic.  
WBC'S : Are normal in total number, morphology and distribution.  
Platelets : Adequate in number and normal in morphology.  
No abnormal cells or hemoparasites are present.  
Impression : Normocytic Normochromic Blood picture.

**Blood Group & Rh Typing-Whole Blood EDTA**

Blood Group : A  
Rh Type : Positive

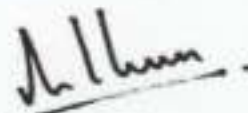
Slide/Tube agglutination  
Slide/Tube agglutination

Note: Confirm by tube or gel method.

Comments: ABO blood group system, the classification of human blood based on the inherited properties of red blood cells (erythrocytes) as determined by the presence or absence of the antigens A and B, which are carried on the surface of the red cells. Persons may thus have type A, type B, type O, or type AB blood.



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